

Choose the membership made for you:

- ☐ **INDIVIDUAL**\$ 39
☐ **INDIVIDUAL PREMIER**\$ 49
☐ **FAMILY**\$ 59
☐ **GRANDPARENT**\$ 59
☐ **PATRON**\$100

This membership is: ☐ New ☐ Renewal

- ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev.
☐ Mr. and Mrs. ☐ Dr. and Mr./Mrs.

Name (as it should appear on your membership card)

Name of second member (for Family, Grandparent and Patron memberships)

Address

City, State, Zip

Daytime phone

E-mail

Names and ages of children or grandchildren
(for Family, Grandparent and Patron memberships)

Name Age

Name Age

Name Age

Name Age

Name Age

Name Age

- ☐ I would like to give a gift membership to:

Names (as they should appear on membership card)

Address

City, State, Zip

Daytime phone

E-mail

Sign the gift card from

Special message (e.g., Happy Birthday)

Method of payment:

- ☐ Check:
Made payable to Indiana State Museum Foundation
☐ Credit card:
☐ MasterCard ☐ Visa

Account number

Expiration date (MM/YY)

Signature (required for credit card payment)

- ☐ In addition to my membership fee, I have enclosed a gift of \$_____ to help support the Indiana State Museum Foundation.

Mail this form to:

Indiana State Museum Foundation
Membership Manager
650 West Washington Street
Indianapolis, IN 46204

Please allow two weeks for
delivery of membership cards.